

PLUMBING/GAS PERMIT APPLICATION

FAIRFAX COUNTY OFFICE OF BUILDING CODE SERVICES  
PERMIT APPLICATION CENTER

12055 Government Center Parkway, 2nd Floor  
Fairfax, Virginia 22035-5504

Telephone: (703) 222-0801  
Web site: www.fairfaxcounty.gov/dpwes

PLEASE FILL IN APPROPRIATE INFORMATION IN THIS COLUMN  
(PLEASE PRINT OR TYPE)

BUILDING PERMIT # \_\_\_\_\_

JOB LOCATION

ADDRESS \_\_\_\_\_

LOT # \_\_\_\_\_ BUILDING \_\_\_\_\_

FLOOR \_\_\_\_\_ SUITE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

TENANT'S NAME \_\_\_\_\_

OWNER INFORMATION

OWNER ☐ TENANT ☐

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTRACTOR INFORMATION

SAME AS OWNER ☐

CONTRACTORS MUST PROVIDE THE FOLLOWING:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

STATE CONTRACTORS LICENSE # \_\_\_\_\_

COUNTY BPOL # \_\_\_\_\_

APPLICANT

DESCRIPTION OF WORK \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SET FIXTURES ONLY ☐

REPAIR/REPLACE SEWER OR WATER ☐

FIXTURES: NEW ☐ RELOCATE/REPLACE ☐

REMOVAL ☐ CONVERSION ☐

BUILDING: NEW ☐ EXISTING ☐ ADDITION ☐

LIST NUMBER OF FIXTURES TO BE INSTALLED  
(SEE REVERSE SIDE OF FORM FOR ADDITIONAL INFORMATION)

FIXTURES/EQUIPMENT:

(COMMON COMMERCIAL)

F04 \_\_\_\_\_ Beverage dispenser

F06 \_\_\_\_\_ Case/trench drain (sanitary only)

F07 \_\_\_\_\_ Coffee maker

F08 \_\_\_\_\_ Condensate drain

F09 \_\_\_\_\_ Dental chair/unit

F12 \_\_\_\_\_ Drinking Fountain

F44 \_\_\_\_\_ Fire sprinkler system (limited area)

F13 \_\_\_\_\_ Floor sink/funnel drain/on site drainage

F18 \_\_\_\_\_ Gas fryer

F26 \_\_\_\_\_ Gas roof top unit

F49 \_\_\_\_\_ Gas submeter

F21 \_\_\_\_\_ Gas other \_\_\_\_\_

F63 \_\_\_\_\_ Grease trap/oil separator

F64 \_\_\_\_\_ Medical gas

F35 \_\_\_\_\_ Roof drain

F36 \_\_\_\_\_ Service/mop sink

F37 \_\_\_\_\_ Shampoo sink

F45 \_\_\_\_\_ Steam table

F53 \_\_\_\_\_ Urinal

F54 \_\_\_\_\_ Vacuum system - medical

F58 \_\_\_\_\_ Water booster Pump

F65 \_\_\_\_\_ Water hammer arrestor

F59 \_\_\_\_\_ Water pressure reducing valve

F60 \_\_\_\_\_ Water treatment equipment

F61 \_\_\_\_\_ Wet stack

F62 \_\_\_\_\_ Yard hydrant

F42 \_\_\_\_\_ # of slab openings - footing and foundation only

F34 \_\_\_\_\_ Plumbing other \_\_\_\_\_

999 \_\_\_\_\_ Fire suppression system - test

Any and all information and/or stamps on the reverse side of this form are part of this application and must complied with. I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner Agent

Date

Printed Name and Title

(Notoarization of signature is required if owner is listed as the contractor and is not present at the time of application)

PERMIT # \_\_\_\_\_

FOR INSPECTIONS CALL (703) 222-0455 (see back for more information)

DO NOT WRITE IN GRAY SPACES - COUNTY USE ONLY

PLAN # \_\_\_\_\_

TAX MAP # \_\_\_\_\_

ROUTING

DATE

APPROVED BY

LICENSING

PLAN REVIEW

Plan #:

FIRE MARSHAL

Fee:

SANITATION

TAP TO LINE ☐ TAP TO MANHOLE ☐ INSIDE ONLY

TOWN OF VIENNA

HEALTH DEPT

AMOUNT DUE: \$

APPROVED FOR ISSUANCE OF PLUMBING/GAS PERMIT  
(LOG OUT)

BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIXTURES/EQUIPMENT:

(RESIDENTIAL & COMMERCIAL)

F01 \_\_\_\_\_ Backflow preventer

F52 \_\_\_\_\_ Bath tub/whirlpool

F05 \_\_\_\_\_ Bidet

F10 \_\_\_\_\_ Dishwasher

F11 \_\_\_\_\_ Disposal

F14 \_\_\_\_\_ Floor drain (sanitary only)

F15 \_\_\_\_\_ Gas boiler

F16 \_\_\_\_\_ Gas dryer

F17 \_\_\_\_\_ Gas furnace

F66 \_\_\_\_\_ Gas regulator

F19 \_\_\_\_\_ Gas grill

F20 \_\_\_\_\_ Gas log

F67 \_\_\_\_\_ Gas log lighter

F22 \_\_\_\_\_ Gas oven/broiler

F23 \_\_\_\_\_ Gas pool/hot tub heater

F24 \_\_\_\_\_ Gas range/stove/wok

F25 \_\_\_\_\_ Gas-relocate meter

F27 \_\_\_\_\_ Gas space/unit heater (non-portable)

F28 \_\_\_\_\_ Gas water heater

F21 \_\_\_\_\_ Gas other \_\_\_\_\_

F29 \_\_\_\_\_ Hose bibb/outside wall faucet

F30 \_\_\_\_\_ Humidifier

F31 \_\_\_\_\_ Ice maker

F32 \_\_\_\_\_ Laundry tray

F03 \_\_\_\_\_ Lavatory/bathroom sink/hand sink

F33 \_\_\_\_\_ Lawn irrigation system

F40 \_\_\_\_\_ Shower

F41 \_\_\_\_\_ Sink (kitchen/bar)

S11 \_\_\_\_\_ Storm water sump pump

F55 \_\_\_\_\_ Washing machine

F56 \_\_\_\_\_ Water closet

F57 \_\_\_\_\_ Water heater (other than gas)

F46 \_\_\_\_\_ # of storm drains (hub/areaway/etc.)

F34 \_\_\_\_\_ Plumbing other \_\_\_\_\_

GENERAL:

(RESIDENTIAL & COMMERCIAL)

\*Requires Sanitation Review and Approval Prior to Processing

\*S01 \_\_\_\_\_ Sanitary sewer

\*S02 \_\_\_\_\_ Sanitary sewer - lateral no building connect

\*S03 \_\_\_\_\_ Sanitary sewer cap off

\*S04 \_\_\_\_\_ On site sanitary sewer (commercial only)

S05 \_\_\_\_\_ On site water (commercial only)

\*S06 \_\_\_\_\_ Sanitary sewer tap

S07 \_\_\_\_\_ Storm sewer

S08 \_\_\_\_\_ Water Service

\*S09 \_\_\_\_\_ Sanitary sewer ejector pump

S12 \_\_\_\_\_ Sanitary sewer repair

NOTOARIZATION (if required)

State (or territory or district) of \_\_\_\_\_,

County (or city) of \_\_\_\_\_, to wit: I,

whose name is signed to this application, appeared before me in the State and County aforesaid and executed this affidavit

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Notary Signature)

**Equipment Listed** The equipment listed on this application is not inclusive of all work requiring the issuance of a permit. Rather, it is a listing of the work most commonly requested on this type of permit application. If the work to be performed is not listed on the application, write in the equipment to be installed or the work to be performed in the space provided. Please attach sheets as needed if additional room is required. Please note that some appliances, equipment, and fixtures cannot be listed on this application and require another type of permit for installation. Questions concerning use of this application should be directed to staff of the Permit Application Center.

**Note to Property Owners** If you have made arrangements with a contractor to do this work, Fairfax County strongly suggests that the contractor be the party to secure the permit. When contractors obtain the permit in their name, they indicate their responsibility for the work. You should avoid obtaining permits in your name for work that will be performed by a contractor. When a permit is issued solely to the owner, enforcement actions against the contractor for code violations become more difficult. Additionally, when a contractor applies for the permit, the County will verify that the contractor is licensed as required by State and local laws. Unwillingness to obtain the permit may be an indication that the contractor is not appropriately licensed. If you have any questions concerning this matter, please call the Permits Division at 703-222-0801 prior to signing the application.

**Expiration of Permits** An issued permit is non-transferable and shall become void if the authorized work has not commenced within six months after issuance, or if the work is suspended for a period of six or more months after having commenced. Requests for permit extensions may be made in writing to the Permits Division of the Office of Building Code Services. Requests must be received prior to the expiration of the permit. Expired permits cannot be extended.

**Notification of Utilities** The permit holder is required to notify all utilities before commencing any underground construction and must receive the proper clearances from the utilities as prescribed in the Code of the County of Fairfax.  
(Miss Utility 1-800-257-7777)

**Inspection Requirements** The permit holder is responsible for scheduling required inspections and for assuring that final approvals are received prior to use of the building, structure or part thereof, as required by the Virginia Uniform Statewide Building Code.

**Residential Inspections** To maximize the benefits of the County's cross trained Residential Inspections Division, all initial residential concealment inspections (electrical, mechanical, plumbing, and framing inspections) for a project must be scheduled for a simultaneous inspection. A combined inspection is also required when scheduling final inspections. If the required inspections are not scheduled for the same day, the inspector may hold the inspection request(s) until all the work is ready for inspection.

**Scheduling and Canceling Inspections** Inspections can be scheduled or cancelled by using the internet, the Automated Inspection Requests System, or by speaking directly with County staff. To schedule or cancel an inspection via the internet, go to <http://www.fairfaxcounty.gov/living/construction/>, click on "Schedule Inspection", and follow directions on the screen. To schedule or cancel an inspection using the 24 hour Automated Inspection Request System (AIRS), touch tone telephone users can call 703-222-2474. Rotary telephone users and persons who prefer to speak with County staff may call 703-222-0455 during normal Permits Division office hours.

**After-Hours Inspections** It is occasionally necessary for inspections to be performed outside of regular County business hours. After-hours building inspections can be arranged with prior approval and prepayment of inspection fees. A fee as outlined in the Office of Building Code Services Fee Schedule shall be charged for each 30 minute period, or fraction thereof, of inspection time performed outside of regular County business hours. This fee is in addition to the fee for the building permit which authorizes the performance of the work.

**Right of Appeal** Decisions of the Building Official may be appealed to the Fairfax County Board of Building Code Appeals in accordance with the Virginia Uniform Statewide Building Code, the Code of the County of Fairfax and the Board's current procedures.

**Affidavit of Permit Authorization** When required, this form must be filled out by the property owner and notarized. It must be completed prior to permit issuance. Please read the note to property owners above prior to signing the affidavit.

I \_\_\_\_\_, owner of the property listed on this permit application, certify

that I have granted \_\_\_\_\_, my duly authorized agent, permission

to obtain this permit solely in my name. I understand that the permit will be issued in my name and I accept full responsibility

for the work performed. \_\_\_\_\_

signature of property owner

date

State/District of \_\_\_\_\_:

\_\_\_\_\_ : to wit:

City/County of \_\_\_\_\_:

I, \_\_\_\_\_, a Notary Public in and for the aforesaid State/District hereby certify that

\_\_\_\_\_, appeared before me in the State/District and City/County aforesaid and executed

this affidavit on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

signature of Notary

My Commission Expires the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.